

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2011**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.  
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization **FAYETTE MEMORIAL HOSPITAL ASSOCIATION, INC.** Employer identification number **35-0900741**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy? If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.	X	
2 <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input checked="" type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG to determine eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input checked="" type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
c If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?		X
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

Complete the following table using the worksheets provided in the Schedule H Instructions. Do not submit these worksheets with the Schedule H.

Financial Assistance and	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Means-Tested Government Programs</b>						
a Financial Assistance at cost (from Worksheet 1)			746,208.		746,208.	1.42%
b Medicaid (from Worksheet 3, column a)			9,764,770.	5,572,431.	4,192,339.	7.97%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			10,510,978.	5,572,431.	4,938,547.	9.39%
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)	3		3,000.		3,000.	.01%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	112		35,058.		35,058.	.07%
j Total Other Benefits	115		38,058.		38,058.	.08%
k Total. Add lines 7d and 7j	115		10,549,036.	5,572,431.	4,976,605.	9.47%





**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: FAYETTE MEMORIAL HOSPITAL ASSOCIATION

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

	Yes	No
<b>Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)</b>		
<b>1</b> During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8		
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
<b>2</b> Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 _____		
<b>3</b> In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted		
<b>4</b> Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		
<b>5</b> Did the hospital facility make its Needs Assessment widely available to the public?		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
<b>6</b> If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
<b>7</b> Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		
<b>Financial Assistance Policy</b>		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>8</b> Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
<b>9</b> Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>150</u> %		
If "No," explain in Part VI the criteria the hospital facility used.		

FAYETTE MEMORIAL HOSPITAL ASSOCIATION, INC.

**Part V Facility Information** (continued) FAYETTE MEMORIAL HOSPITAL ASSOCIATION

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care? .....	X	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>200</u> %		
	If "No," explain in Part VI the criteria the hospital facility used.		
11	Explained the basis for calculating amounts charged to patients? .....		X
	If "Yes," indicate the factors used in determining such amounts (check all that apply):		
a	<input type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input type="checkbox"/> Medical indigency		
d	<input type="checkbox"/> Insurance status		
e	<input type="checkbox"/> Uninsured discount		
f	<input type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input type="checkbox"/> Other (describe in Part VI)		
12	Explained the method for applying for financial assistance? .....		X
13	Included measures to publicize the policy within the community served by the hospital facility? .....		X
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input type="checkbox"/> The policy was available on request		
g	<input type="checkbox"/> Other (describe in Part VI)		

**Billing and Collections**

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? .....		X
15	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine patient's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? .....		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply): .....		
a	<input type="checkbox"/> Notified patients of the financial assistance policy on admission		
b	<input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c	<input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d	<input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
e	<input type="checkbox"/> Other (describe in Part VI)		

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Schedule H (Form 990) 2011

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**Part V Facility Information (continued) FAYETTE MEMORIAL HOSPITAL ASSOCIATION**

**Policy Relating to Emergency Medical Care**

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....		X
If "No," indicate why: a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI) d <input type="checkbox"/> Other (describe in Part VI)			

**Individuals Eligible for Financial Assistance**

19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care. a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d <input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? ..... If "Yes," explain in Part VI.		X
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient? ..... If "Yes," explain in Part VI.		X



**Part VI** Supplemental Information

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C: THE HOSPITAL HAS A SLIDING SCALE BASED ON THE  
FEDERAL POVERTY GUIDELINES WITH FREE CARE TO INDIVIDUALS WHO HAVE INCOME  
BETWEEN 100% AND 133% OF POVERTY AND PROVIDE DISCOUNTED CARE UP TO INCOME  
OF 300% OF POVERTY. THE LARGEST NUMBER OF THE ORGANIZATION'S PATIENTS  
MEET THE FEDERAL POVERTY GUIDELINES FOR DISCOUNTED CARE AROUND 200%  
DEPENDING ON THE HOUSEHOLD SIZE.

PART I, LINE 6A: ORGANIZATION'S COMMUNITY BENEFIT REPORT IS AVAILABLE  
UPON REQUEST.

PART I, LN 7 COL(F): THE BAD DEBT EXPENSES INCLUDED ON FORM 990, PART IX,  
LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE  
PERCENTAGE IN PART I, LINE 7, COLUMN (F) IS \$5,649,125.

PART II: FRHS EMPLOYEES PARTICIPATE IN COMMUNITY BUILDING  
ACTIVITIES TO PROMOTE THE HEALTH OF THE COMMUNITIES IT SERVES INCLUDING:  
\*\*HEALTH FAIR, CONNERSVILLE, IN, 131.5 HRS; BROOKVILLE, IN, 35.5 HRS: FRHS  
TEAM MEMBERS SPONSOR A HEALTH FAIR FOR OUR COMMUNITY ANNUALLY. BOOTHS ARE  
SET UP FOR THE SCREENS AND TESTING OF BLOOD PRESSURE, CHOLESTEROL,  
COMPUTERIZED HEALTH RISK APPRAISAL, CATARACT, GLAUCOMA, COLORECTAL, BLOOD

**Part VI** Supplemental Information

SUGAR, PERIPHERAL VASCULAR DISEASE, TB, IMMUNIZATIONS FOR CHILDREN, BODY FAT ANALYSIS, CHEMICAL DEPENDENCY, AND NUMEROUS EDUCATIONAL AND DEMONSTRATION BOOTHS.

\*\*LOCAL FACTORY HEALTH FAIR, CONNERSVILLE, IN, 56.75 HRS; PROVIDED ROOT BLOWER AND SAPA HEALTH FAIR.

\*\*BLOOD DRIVE, CONNERSVILLE, IN, 16.5 HRS: DONATED BLOOD.

\*\*PINK PAJAMA PARTY, CONNERSVILLE, IN, 14 HRS: TEAM MEMBERS DONATED TIME DURING PINK PAJAMA PARTY AND STYLE SHOW EVENT FOR BREAST CANCER SURVIVORS.

\*\*WALK FOR AUTISM, BROOKVILLE, IN, 5 HRS: TEAM MEMBER PARTICIPATED IN WALK FOR AUTISM EVENT.

\*\*PHYSICAL NIGHT, CONNERSVILLE, IN, 28.7 HRS: TEAM MEMBERS ASSISTED WITH HIGH SCHOOL AND MIDDLE SCHOOL PHYSICAL NIGHTS.

\*\*5K, CONNERSVILLE, IN, 2 HRS: TEAM MEMBERS PARTICIPATED IN EVENT TO BENEFIT FITNESS/ WELLNESS PROGRAMS FOR YOUTH.

\*\*CAREER DAY, CONNERSVILLE, IN, 13 HRS: TEAM MEMBERS SPOKE AT THE HIGH SCHOOL ON CAREER DAY ABOUT HEALTH CARE PROFESSIONS.

\*\*RACE FOR THE CURE, INDIANAPOLIS, IN, 7 HRS: TEAM MEMBERS PARTICIPATED IN THE ANNUAL SUSAN G. KOMEN RACE FOR THE CURE THAT RAISES MONEY FOR THE INDIANA CHAPTER WHICH HELPS FIND A CURE FOR BREAST CANCER.

\*\*EVERTON ELEMENTARY, EVERTON, IN, 7 HRS: TEAM MEMBER VOLUNTEERED TIME TO HELP READ WITH KIDS AT EVERTON ELEMENTARY AND OTHER COMMUNITY EVENTS.

\*\*CELEBRATE WOMEN, BROOKVILLE, IN, 20.75 HRS: TEAM MEMBER SPOKE AT HEALTH FAIR FOR WOMEN AT THE BROOKVILLE LIBRARY.

\*\*FRAZEE BIKE RODEO, CONNERSVILLE, IN, 10 HRS: ANNUAL BIKE RODEO-INSTRUCTED STUDENTS ON BIKE SAFETY.

\*\*COMMUNITY BLOOD PRESSURE SCREENING, CONNERSVILLE, IN, 18 HRS: TEAM MEMBERS PROVIDED BLOOD PRESSURE CHECKS AT COMMUNITY BASKETBALL GAMES.

\*\*HEART HEALTH EVENT, CONNERSVILLE, IN, 10 HRS: TEAM MEMBERS VOLUNTEERED

**Part VI** Supplemental Information

TIME AT EVENT.

\*\*MEDICAL MISSIONS, HONDURAS, 40 HRS: TEAM MEMBER VOLUNTEERED TIME TO ASSIST DURING A MEDICAL MISSION TO HONDURAS TO PROVIDE HEALTHCARE TO THE LOCAL COMMUNITY.

\*\*LIONS CLUB, CONNERSVILLE, IN, 4.5 HRS: TEAM MEMBERS PRESENTED AS GUEST SPEAKERS ON STROKE SIGNS AND CANCER CARE SYMPTOMS AND TREATMENT.

\*\*CPR CLASS, CONNERSVILLE, IN 11 HRS: TEAM MEMBER TEACHES CPR AND FIRST AID CLASSES AT NURSING HOMES AND SAPP.

PART III, LINE 4: FOOTNOTE TO ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT EXPENSES: THE SYSTEM EVALUATES THE COLLECTABILITY OF ITS ACCOUNTS RECEIVABLE BASED ON CERTAIN FACTORS, SUCH AS PAYER TYPE, HISTORICAL COLLECTION TRENDS AND AGING CATEGORIES. THE ALLOWANCE THAT IS APPLIED TO THE RECEIVABLE BALANCES IS BASED ON THE HISTORICAL EXPERIENCE AND TIME LIMITS, IF ANY, FOR EACH PARTICULAR PAYER SOURCE, SUCH AS PRIVATE, INSURANCE, MEDICARE AND MEDICAID. ACTUAL RESULTS COULD DIFFER FROM THE ESTIMATED ALLOWANCES.

PART III, LINE 3: RATIONAL FOR INCLUDING OTHER BAD DEBT AMOUNT IN COMMUNITY BENEFIT: NONE HAS BEEN INCLUDED. THE HOSPITAL HAS A DETAILED CHARITY CARE POLICY WHICH STATES THAT TO PARTICIPATE IN CHARITY CARE CANDIDATES MUST COOPERATE FULLY. IN ADDITION THE HOSPITAL EDUCATES PATIENTS WITH LIMITED ABILITY TO PAY REGARDING FINANCIAL ASSISTANCE. FOR THIS REASON THE ORGANIZATION BELIEVES THAT IT ACCURATELY CAPTURES ALL CHARITY CARE DEDUCTIONS PROVIDED ACCORDING TO THE FINANCIAL ASSISTANCE POLICY AND THE AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY IS NEGLIGIBLE.

**Part VI** Supplemental Information

PART III, LINE 8: THE SOURCE USED TO DETERMINE THE AMOUNT OF MEDICARE ALLOWABLE COSTS REPORTED FOR PART III, SECTION B, MEDICARE HAS BEEN PROVIDED FROM THE YEAR ENDED SEPTEMBER 30, 2012 REPORT: HOSPITAL STATEMENT OF REIMBURSABLE COST.

FAYETTE MEMORIAL HOSPITAL ASSOCIATION:

PART V, SECTION B, LINE 11H: CHARITY DISCOUNTS CAN BE GRANTED FOR DECEASED PATIENTS WITH NO ESTATE.

PART VI, LINE 2: THE ORGANIZATION ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES THROUGH ONGOING COMMUNICATION WITH LOCAL COMMUNITY LEADERS AND ORIGINATIONS. THE HOSPITAL TEAM MEMBERS REGULARLY PARTICIPATE IN COMMUNITY EVENTS AND LOCAL CIVIC ORGANIZATIONS INCLUDING ROTARY, KIWANIS, AND CHAMBER OF COMMERCE. COMMUNITY NEEDS ARE DISSEMINATED THROUGH THESE LOCAL COMMUNITY ORGANIZATIONS AND EVENTS PROVIDING THE HOSPITAL WITH FEEDBACK REGARDING THE NEEDS OF THE COMMUNITY. IN ADDITION THE HOSPITAL COMPLETES AND SUBMITS ANNUALLY A COMMUNITY BENEFIT PLAN TO THE INDIANA STATE DEPARTMENT OF HEALTH WHICH ADDRESSES THE GOALS SET TO FOCUS ON THE NEEDS OF THE COMMUNITY.

FRHS RECOGNIZES FIVE PRIMARY AREAS OF CONCERN FACING ITS COMMUNITY AS THE FRHS EMPHASIS IN THE IMPLEMENTATION OF THE COMMUNITY BENEFIT PLAN:

1. CITIZENS WHO ARE MEDICALLY UNDERSERVED.
2. ISSUES THAT IMPACT ADOLESCENTS INCLUDING EDUCATION, PREGNANCY AND GENERAL BEHAVIORAL CONCEPTS SPECIFIC TO THIS AGE GROUP.
3. CHILDHOOD GROWTH AND DEVELOPMENT, AS WELL AS ABUSE AND NEGLECT PREVENTION.
4. HEALTH ISSUES THAT REQUIRE INCREASED AWARENESS IN THE GENERAL COMMUNITY POPULATION.
5. CHALLENGES IMPACTING THE

**Part VI** Supplemental Information

AREA WHICH DIRECTLY RELATE TO THE COMMUNITY'S ABILITY TO OBTAIN  
COMPREHENSIVE MEDICAL CARE.

PART VI, LINE 3: ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE, OR  
LOCAL GOVERNMENT PROGRAMS OR UNDER THE ORGANIZATION'S CHARITY CARE POLICY  
IS DISCUSSED WITH PATIENTS OR GUARANTORS TO INFORM AND EDUCATE PATIENTS  
AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE. CHARITY CARE APPLICATIONS  
AND PAMPHLETS DETAILING BILLING PROCEDURES AND CONTACT INFORMATION FOR THE  
BILLING OFFICE ARE MADE AVAILABLE TO PATIENTS. ANY QUESTIONS REGARDING THE  
ORGANIZATION'S WRITTEN CHARITY CARE POLICY CAN BE DIRECTED AND ANSWERED BY  
A MEMBER OF THE PATIENT ACCOUNTS' PERSONNEL. PATIENT ACCOUNTS' PERSONNEL  
WILL NOTIFY INDIVIDUALS WITH APPROVED APPLICATIONS QUALIFYING FOR REDUCED  
LIABILITY UNDER THE CHARITY CARE POLICY. FRHS STAFFS A FULL TIME  
REPRESENTATIVE FROM CLAIMAID CONSULTING 5 DAYS A WEEK TO ASSIST COMMUNITY  
MEMBERS WITH ELIGIBILITY FOR ASSISTANCE FOR PROGRAMS SUCH AS MEDICAID,  
HIP, AND OTHER PRIVATE ASSISTANCE PROGRAMS.

PART VI, LINE 4: FRHS'S MAIN AREAS OF SERVICE ARE FAYETTE, FRANKLIN  
AND UNION COUNTIES SERVING AN APPROXIMATE POPULATION OF 54,000. FAYETTE  
COUNTY HAS RANKED IN THE TOP TWO COUNTIES FOR UNEMPLOYMENT IN THE PAST  
SEVERAL YEARS AND HAS A HIGH NUMBER OF PRIVATE PAY INDIVIDUALS. UNION  
COUNTY AND FRANKLIN COUNTY HAVE LITTLE TO NO INDUSTRY.

PART VI, LINE 5: DURING THE FISCAL YEAR FRHS HAS DEMONSTRATED CONTINUED  
COMMUNITY STEWARDSHIP THROUGH THE ATTAINMENT OF MANY GOALS THAT ADDRESS  
THE NEEDS OF OUR COMMUNITY. WE CONTINUE TO STRIVE FOR EXCELLENCE IN THE  
CONTRIBUTIONS AND SERVICES THAT WE PROVIDE TO AREA CITIZENS. DETAILS FOR  
FURTHERING FRHS'S EXEMPT PURPOSE FOR

**Part VI** Supplemental Information

\*\*MEDICALLY UNDERSERVED CITIZEN: THE FRANKLIN COUNTY COMMUNITY HAS CONTINUED TO BENEFIT FROM THE SERVICES AT THE BROOKVILLE HEALTHPLEX FACILITY WITH LABORATORY AND RADIOLOGY SERVICES. SUSTAINED CARDIOLOGY AND ONCOLOGY SERVICES WITH THE FRHS CARE CENTERS ENABLE PATIENTS TO BE SEEN LOCALLY FOR MORE ACCESSIBLE CARE WITH LESS TRAVEL, TIME AND EXPENSE. THE ST VINCENT CARDIOLOGY GROUP CONTINUES TO ADDRESS THE NEED FOR LOCAL SERVICES FOR OUR CARDIAC PATIENTS, DECREASING THE COST OF COMMUTING. RADIATION ONCOLOGY WAS ADDED TO OUR CANCER CENTER TO DECREASE COMMUTE DEMANDS ON PATIENTS THAT REQUIRE THIS TREATMENT. AN IMMEDIATE CARE FACILITY HAS REMAINED OPEN IN CONNERSVILLE TO ASSIST PATIENTS TO BETTER ACCESS CARE WITHOUT EXPENSIVE TRAVEL AND TRANSPORTATION ARRANGEMENTS FOR THOSE WITHOUT VEHICLES. THIS SERVICE DECREASES PATIENT COSTS AS IT IS NOT AS EXPENSIVE AS A VISIT TO THE EMERGENCY DEPARTMENT. LABORATORY AND RADIOLOGY SERVICES FURTHER HELP PATIENTS TO REMAIN LOCAL FOR TESTING. SPONSORSHIP OF THE ANNUAL COMMUNITY HEALTH FAIRS IN FAYETTE, UNION AND FRANKLIN COUNTIES WITH EXTENSIVE REPRESENTATION OF FRHS SERVICES BY STAFF HAS CONTINUED. A WIDE ARRAY OF SCREENINGS OFFERED INCLUDED BLOOD PRESSURE, BLOOD SUGAR, CHOLESTEROL AND BONE DENSITY. TEAM MEMBERS WERE AVAILABLE TO HELP PARTICIPANTS UTILIZE HEALTH RISK SURVEYS AS WELL AS TO EDUCATE THEM ON A VARIETY OF HEALTH ISSUES. ALL ATTEMPTS ARE MADE TO OFFER FREE HEALTH AIDES SUCH AS PILL DISPENSERS, NUTRITIONAL GUIDES FOR FAST FOOD RESTAURANTS, ETCETERA. TWO CARDIAC SCORING PROCEDURES, FEMALE WELLNESS EXAM, AND CHOLESTEROL SCREENING CERTIFICATES WERE AMONG THE BOOTH PRIZES GIVEN AWAY AT THE EVENT. THERE WAS AN FRHS PRESENCE IN COMMUNITY HEALTH FAIRS IN 2012 OFFERED BY STAFF INCLUDING TWO IN AN INDUSTRIAL SETTING AT ROOTS BLOWER & SAPA FOR EASY ACCESS FOR THEIR EMPLOYEES. AS IN THE PAST YEAR, STAFF WAS INVOLVED WITH A HEALTH FAIR AT THE FRANKLIN COUNTY LIBRARY THAT ADDRESSED HEALTH NEEDS IN THAT COMMUNITY.

**Part VI** Supplemental Information

MULTIPLE VOLUNTEERS WERE INVOLVED IN FOOD PANTRIES AND MINISTRIES TO ASSIST LOW INCOME INDIVIDUALS WITH NUTRITIONAL AID WHICH IMPACT THEIR GENERAL HEALTH. AN FRHS FOOD DRIVE IS HELD IN FEBRUARY TO ASSIST WITH THE POST-HOLIDAY NEED FOR FOOD. THIS SERVICE CANNOT BE UNDERVALUED AT AN ECONOMIC TIME WHEN MANY FAMILIES HAVE BASIC NUTRITIONAL NEEDS THAT ARE NOT BEING MET IN A MORE TRADITIONAL FASHION. FRHS STAFF HAS HAD A LONG TERM COMMITMENT TO PARTICIPATE IN THE ANGEL FOOD MINISTRIES PROGRAM IN THE SERVICE AREA. FUND RAISING FOR CHARITABLE ORGANIZATIONS INVOLVED IN EDUCATIONAL ASSISTANCE THROUGH SCHOLARSHIP PROGRAMS WAS CONTINUED BY FRHS STAFF. PARTICIPATION IN THE FAYETTE AND FRANKLIN COUNTY RELAY FOR LIFE CANCER SOCIETY EVENTS RAISED FUNDS TO ENABLE CARE/SERVICES FOR ONCOLOGY PATIENTS AND SURVIVORS OF CANCER. ADDITIONALLY, FRHS ASSISTED FURTHER THROUGH ANNOUNCEMENTS FOR THE RELAY AND A MONETARY GIFT. MANY FRHS TEAM MEMBERS AND LEADERSHIP STAFF CONTRIBUTED TIME TO WALK DURING THE 24 HOUR EVENT. THERE WAS ALSO PARTICIPATION IN THE STATE SUSAN B KOMEN WALK IN INDIANAPOLIS. AN FRHS TEAM MEMBER IS ON THE CANCER SOCIETY BOARD AND ATTENDS MONTHLY MEETINGS. FINANCIAL DONATIONS WERE PROVIDED FOR ACTIVITIES INCLUDING THE DONUT DAYS AND JEANS DAYS TO RAISE FUNDS. A BREAST CANCER AWARENESS TABLE WAS AVAILABLE IN THE FRHS ATRIUM TO EDUCATE PATIENTS AND STAFF. FRANKLIN AND FAYETTE COUNTY CANCER SOCIETIES BOTH RECEIVED A DONATION FROM FRHS. BREAST CANCER AWARENESS IN PARTICULAR WAS SUPPORTED IN 2012 WITH THE PINK PJ PARTY FOR BREAST CANCER AWARENESS THAT INCLUDED A FASHION SHOW. SEVERAL COMMUNITY SERVICE GROUPS INCLUDING PSI IOTA XI, TRI KAPPA, AND ETA PI KAPPA WERE ASSISTED WITH PROGRAMS AND PROJECTS THAT DIRECTLY IMPROVED THE MEDICAL OUTCOME FOR COMMUNITY MEMBERS WHILE ALSO INCREASING HEALTH EDUCATION. MANY HOURS WERE DONATED BY FRHS STAFF TO THE LOCAL HOPE PREGNANCY CRISES CENTER AS WELL AS THE HOUSE OF RUTH SHELTER FOR PROGRAMS AND PROJECTS TO HELP MEET THE NEEDS OF THIS POPULATION. THERE

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WAS A SILENT AUCTION THIS YEAR THAT STAFF SUPPORTED. A LOCAL GOLF TOURNEY AND THE ANNUAL GALA EVENT HAVE RAISED FUNDS TO PROVIDE ADDITIONAL HEALTH SERVICES TO THE COMMUNITY AS WELL AS TO UPDATE FACILITIES. AREA 9 AGENCY ON AGING WAS SUPPORTED MONETARILY FOR THE ANNUAL PICNIC AS WELL AS THE VOLUNTEER LUNCH FOR THE PLANNING PROCESS.

**\*\*ADOLESCENT POPULATION ISSUES: THE WHITEWATER CARE PAVILION OFFERS COMPREHENSIVE BEHAVIORAL HEALTH SERVICES FOR ADOLESCENTS INCLUDING RESIDENTIAL, ACUTE INPATIENT CARE AND OUTPATIENT THERAPY OPTIONS. FRHS ENCOURAGED YOUTH TO BE ACTIVE AND HEALTH CONSCIOUS THROUGH COACHING AND SEVERAL SPONSORSHIPS FOR YOUTH SPORTS GROUPS INCLUDING BASKETBALL, GYMNASTICS, WRESTLING, FRANKLIN COUNTY BOYS BASEBALL, CONNERSVILLE PARKS AND RECREATION PROGRAM, CAST SWIMMING, CHEERLEADING AND A 5K RUN. A STAFF MEMBER DONATED OVER 300 HOURS AS A FOOTBALL COACH AT LINCOLN HIGH SCHOOL. CONNERSVILLE AND THE BROOKVILLE COMMUNITIES WERE ASSISTED BY TWO ATHLETIC TRAINERS THROUGH FRHS FINANCIAL PARTICIPATION THAT EQUALED OVER 4,000 HOURS. 180 HOURS WERE DONATED FOR A FRIDAY NIGHT YOUTH PROGRAM AT THE CROSSPOINT BIKER CHURCH. A TEAM MEMBER WAS A GUEST SPEAKER AT THE CAREER CENTER, CONNERSVILLE HIGH SCHOOL, FOR CAREER/ VOCATIONAL DAY AND AT BALL STATE. MANY LOCAL YOUTH GROUPS AND INDIVIDUAL CHILDREN WERE ASSISTED BY FRHS STAFF THROUGH ACTIVITIES SUCH AS 4H FAIR, BOYS AND GIRLS CLUB, AND BIG BROTHERS/BIG SISTERS. BOY SCOUTS AND GIRL SCOUTS WERE ALSO SUPPORTED. SEVERAL SPORTS PHYSICALS FOR LOCAL HIGH SCHOOL AND ELEMENTARY YOUTH WERE SPONSORED AND STAFFED BY FRHS TEAM MEMBERS, ENABLING THEM TO PARTICIPATE IN SCHOOL SPORTS PROGRAMS AND WERE COMPLETED BY FRHS PHYSICIANS. AS WELL, TEAM MEMBER PROVIDED BLOOD PRESSURE CHECKS AT COMMUNITY BASKETBALL GAMES. PROM AND AFTER PROM WERE SPONSORED BY FRHS DONATIONS. ST GABRIEL'S AMERICAN HERITAGE GIRLS (WHICH IS SIMILAR TO GIRL SCOUTS) WAS SUPPORTED BY**

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A STAFF MEMBER BY VOLUNTEERING AS A GROUP LEADER. ADDITIONALLY, OVER 50 HOURS WERE DONATED TO SUPPORT OTHER SCHOOL AND CHURCH EVENTS AT ST GABRIEL'S SCHOOL. JUNIOR ACHIEVEMENT BANQUET WAS SUPPORTED BY FRHS. FRHS PURCHASED THE SCORE BOARD FOR THE BABE RUTH LEAGUE BALLPARK FOR LOCAL BASEBALL LEAGUES FOR AREA YOUTH. STAFF MEMBER DONATED TIME ON THE ADVISORY BOARD FOR THE WHITE WATER TECH CAREER CENTER AND VOLUNTEERED AT THE LINK FUNDRAISER. OVER 100 HOURS WERE ALSO DONATED BY FRHS STAFF FOR AN AFTER SCHOOL PROGRAM THROUGH THE LINK PROGRAM. HEALTH CARE PROFESSIONALS SPOKE AT LOCAL CLASSES, AND PARTICIPATED IN FUNDRAISING FOR SCHOLARSHIPS. FOOD, CLOTHING, AND SHELTER PROVISIONS ARE PROVIDED IN COOPERATION WITH COMMUNITY CHURCHES, MISSIONS, SORORITY ACTIVITIES, AND SCHOOL CORPORATION PROJECTS. FRHS STAFF DONATED TIME TO THE LOCAL HOPE PREGNANCY CARE CENTER FOR PROGRAMS AND PROJECTS TO HELP MEET THE NEEDS OF THIS POPULATION. A BABY FORMULA PROGRAM THROUGH THE HOPE PREGNANCY CENTER IS AVAILABLE FOR TEEN MOTHERS FOR THEIR BABY'S NUTRITIONAL NEEDS. DONATIONS WERE OFFERED TO THE CONNERSVILLE HIGH SCHOOL ATHLETICS AND BAND PROGRAMS INCLUDING THE CROSS COUNTRY TEAM.

PART VI, LINE 5: \*\*CONTINUE OF ADOLESCENT POPULATION\*\* 48 HOURS WERE DONATED BY A STAFF MEMBER FOR THE JUNIOR SHOOTING SPORTS WITH THE AMERICAN LEGION. THIS STAFF MEMBER IS ALSO FINANCE OFFICER FOR THE 10TH DISTRICT IN INDIANA. ANOTHER STAFF MEMBER TEACHES GUN SAFETY AT A LOCAL FIRING RANGE. FRHS STAFF ASSISTED WITH TICKET SALES FOR THE FRANKLIN COUNTY SPRING PLAY. THERE CONTINUED TO BE STRONG PARTICIPATION IN THE FAYETTE CO. 4H FAIR BY PURCHASING LIVESTOCK FROM TEAM MEMBERS CHILDREN THAT PARTICIPATE IN THESE PROGRAMS AS WELL AS SPONSORSHIP IN FRANKLIN COUNTY 4H FAIR ACTIVITIES.

\*\*CHILDHOOD ISSUES: CHRISTMAS GIVING TO THE DIVISION OF FAMILY AND

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CHILDREN INITIATIVE WHERE DEPARTMENTS SPONSOR NEEDY CHILDREN AT THE HOLIDAY WITH SHOES, CLOTHING, BOOKS AND TOYS WAS AGAIN SUPPORTED BY FRHS DEPARTMENT STAFF. THE DEPARTMENTS SUPPORT CHILDREN ACTIVITIES SUCH AS CHURCH HOLIDAY PROGRAMS, THE 4H FAIR, GIRL SCOUTS, BOY SCOUTS AND CUB SCOUTS. FRHS STAFF MEMBER HANDED OUT BACKPACKS WITH SCHOOL SUPPLIES AT THE PARK ROAD CHRISTIAN CENTER. 88 HOURS WERE DONATED TO THE SAMARITAN'S PURSE OPERATION CHRISTMAS CHILD THROUGH WORK AS A CHURCH AND COMMUNITY RELATIONS VOLUNTEER AS WELL AS PACKING BOXES. EVERTON ELEMENTARY SCHOOL OFFERED SEVERAL VOLUNTEER OPPORTUNITIES FOR STAFF TO HELP READ WITH STUDENTS AND OTHER SCHOOL EVENTS. TEAM MEMBERS VOLUNTEERED HOURS FOR A VARIETY OF DIVISION FOR FAMILY AND CHILDREN ACTIVITIES INCLUDING A GIFT DRIVE AT CHRISTMAS, A COAT DRIVE, A BOOK DRIVE AND A FOOD DRIVE TO BENEFIT FAMILIES IN OUR AREA. ENJOYMENT COMBINED WITH CHARITY IN THE COMMUNITY PROGRAMS THAT INCLUDE THE BIKE RODEO SAFETY EVENT AND THE THOMAS THE TRAIN ACTIVITY WHICH BENEFITED THE HOUSE OF RUTH SHELTER LOCALLY. A DONATION TO THE UNITED YOUTH PROJECT WAS OFFERED.

\*\*INCREASING HEALTHCARE-RELATED ISSUES AWARENESS AND EDUCATION: SPEAKING ENGAGEMENTS WERE DONATED BY STAFF ON A VARIETY OF HEALTH ISSUES AT LOCAL SCHOOL, EVENTS AND COMMUNITY GROUPS. FRHS HAS COORDINATED LIVING THROUGH GRIEF AND LIVING THROUGH CANCER GROUPS FOR TEN YEARS TO COUNSEL AND SUPPORT FAMILIES THROUGH DIFFICULT FAMILY SITUATIONS. SMOKING CESSATION PROGRAM IS AVAILABLE THROUGH THE FRHS HEALTH WORKS DEPARTMENT. FRHS HOME HEALTH OFFERS BLOOD PRESSURE AND BLOOD GLUCOSE CLINICS AT VARIOUS SITES IN FRANKLIN, FAYETTE AND UNION COUNTY. A TEAM MEMBER IS ON THE LOCAL PROLIFE COMMITTEE AND STAFF HAVE PARTICIPATED IN THE LIFE CHAIN EVENT IN THE COMMUNITY. NUTRITIONAL PROGRAMS AT THE FAYETTE COUNTY COURTHOUSE, IVY TECH, AND SEVERAL OTHER COMMUNITY CENTERS WERE PRESENTED IN THE PAST YEAR.

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ALSO, STAFF PREPARED A PROGRAM FOR THE DIABETES SUPPORT GROUP. 60 CASES OF WATER WERE DONATED TO THE COMMUNITY FOOD BANK FROM THE FRHS DIETARY DEPT. A STAFF MEMBER DONATED OVER 100 HOURS WORKING AT THE LORD'S KITCHEN BY SHOPPING, COOKING, SERVING AND CLEANING UP AT THIS LOCAL SOUP KITCHEN FOR THE NEEDY. ANOTHER STAFF MEMBER DONATED OVER 200 HOURS WITH THE COMMUNITY SHARING PROGRAM HANDING OUT FOOD AT THE FAYETTE COUNTY ANNEX BUILDING. CPR AND FIRST AID ARE TAUGHT BY AN FRHS VOLUNTEER AT NURSING HOMES AND A LOCAL BUSINESS. TEAM MEMBER WAS THE OUTPATIENT CLINICAL INSTRUCTOR FOR THE DPT STUDENTS. FRHS STAFF HAVE PARTICIPATED AND CONTRIBUTED TO THE WALK FOR ALZHEIMER'S, WALK FOR AUTISM, WALK A MILE IN HER SHOES (DOMESTIC VIOLENCE AWARENESS) AND THE HOME RUN 5K RUN FOR THE HIGH SCHOOL.

\*\*OTHER AREAS OF PARTICIPATION BEYOND THE PREVIOUSLY STATED GOALS INCLUDE: THE FRHS FOUNDATION IS A CAUSE THAT FRHS STAFF SUPPORTS ANNUALLY THROUGH A VARIETY OF FUNCTIONS SUCH AS THE GOLF OUTING. OVER 80 HOURS WERE DONATED BY STAFF. ALSO, TEAM MEMBERS VOLUNTEERED 143 HOURS FOR PREPARATION FOR THE FOUNDATION BOOTS AND BLING FUNDRAISER. OVER 1000 HOURS WERE DONATED BY FRHS THROUGH PARTICIPATION IN LOCAL MINISTRIES INCLUDING VBS, CHURCH ACTIVITIES, FOOD DRIVES AND PANTRIES, AND CHRISTMAS PROGRAMS FOR THE NEEDY INDIVIDUALS IN OUR COMMUNITIES. TWIN CITY MISSION IS A PROGRAM THAT ASSISTS WITH REPAIRING HOMES. A TEAM MEMBER DONATED 65 HOURS FOR THIS MISSION. MANY STAFF MEMBERS VOLUNTEERED TIME AND SERVICES FOR A LOCAL FUNDRAISER FOR THE SON OF A TEAM MEMBER, TO ASSIST HIS FAMILY WITH EXPENSES DURING HIS ILLNESS TEAM MEMBER IS THE CHAPLAIN AND TREASURER FOR THE LADIES AUXILIARY AT THE EAGLES CLUB, VOLUNTEERING FOR MEETINGS, ORGANIZING EVENTS AND PARTICIPATING IN COMMUNITY EVENTS WITH THE EAGLES. OVER \$14,000 WAS DONATED FOR MINISTERIAL SERVICES FOR FRHS PATIENTS AND FAMILIES. FRHS DONATED SERVICES AND TESTING FOR FUNDRAISERS AT VARIOUS

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COMMUNITY CHARITY EVENTS. CONTRIBUTED FINANCIALLY TO THE CONNERSVILLE AND FRANKLIN COUNTY CHAMBER OF COMMERCE, KIWANIS, JAYCEES, OPTIMIST CLUB, CONNERSVILLE FOP, BICENTENNIAL COMMITTEE, AND VONDA BISHOP MINISTRIES CHARITY. DONATION TO THE CAMBRIDGE CITY FIRE DEPT FOR THE WESTERN WAYNE FIREMAN 5K RUN. ADDITIONALLY, A STAFF MEMBER CONTRIBUTED 174 HOURS AS A VOLUNTEER FIREMAN IN EVERTON. BLOOD WAS DONATED BY STAFF MEMBERS FOR THE BLOOD DRIVE SPONSORED BY FRHS. CONNERSVILLE IS CELEBRATING ITS BICENTENNIAL IN 2013. A STAFF MEMBER IS ON THAT COMMITTEE TO PLAN THIS EVENT. A FINANCIAL DONATION IS ALSO INCLUDED IN THE FRHS SUPPORT OF THIS UPCOMING COMMUNITY CELEBRATION. WE CONTINUE TO SEARCH FOR NEW AVENUES TO INCREASE THE AWARENESS AND HEALTH STATUS OF THE CITIZENS OF OUR MULTI COUNTY AREA.

PART VI, LINE 6: NOT APPLICABLE. ORGANIZATION IS NOT PART OF AN AFFILIATED HEALTH CARE SYSTEM.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:  
IN